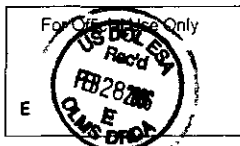


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25012	2. Fiscal Year Covered From: 01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name MICHAEL R. SWANSON P.O. Box, Bldg., Room No., if any Street 1519 ROLLINS ROAD City BURLINGAME State CALIFORNIA ZIP Code + 4 94010-2305	4. Name, file number, and address of labor organization. Name PLUMBERS & STEAMFITTERS LOCAL 467 Labor Organization File Number 034-796 P.O. Box, Building and Room Number, if any Street 1519 ROLLINS ROAD City BURLINGAME State CALIFORNIA ZIP Code + 4 94010-2305
5. Position in labor organization. BUSINESS REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>Michael R. Swanson</i>	On <i>2/15/06</i>	(650) 692-4730
	Date	Telephone Number

Name of Person Filing MICHAEL R. SWANSON	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name U.A. LOCAL 467 APPRENTICE TRAINING TRUST FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 1519 ROLLINS ROAD City BURLINGAME State CALIFORNIA ZIP Code + 4 94010-2305	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; text-align: center;"> ALL EMPLOYER CONTRIBUTIONS FOR 2005 REQUIRED BY A COLLECTIVE BARGAINING AGREEMENT TO LOCAL 467 APPRENTICESHIP TRAINING TRUST FUND </div>
	11.b. Approximate dollar value of such dealing. \$723,859
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; text-align: center;"> SEPTEMBER 2005 EXPENSES FOR TRUST FUND TRAINING SEMINAR </div>
	12.b. Amount. \$400

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.